

PATENT APPLICATION FEE DETERMINATION RECORD

109611571

| | |
|----------------|------|
| CLASS | 2130 |
| INVENTOR | |
| ATTORNEY | |
| DATE OF FILING | |

| | |
|----------------|-----|
| RATE | 295 |
| ADDITIONAL FEE | |
| TOTAL | |

| | |
|----------------|-----|
| RATE | 790 |
| ADDITIONAL FEE | |
| TOTAL | |

CLAIMS AS AMENDED

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total (37 CFR 1.160) | 20 | 20 | |
| Independent (37 CFR 1.160) | 3 | 3 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| 9 | |
| 44 | |
| 150 | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| 10 | |
| 88 | |
| 300 | |
| TOTAL | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total (37 CFR 1.160) | 24 | 24 | 3 |
| Independent (37 CFR 1.160) | 6 | 6 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| 9 | |
| 44 | |
| 150 | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| 18 | |
| 88 | |
| 300 | |
| TOTAL | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total (37 CFR 1.160) | 19 | 24 | 0 |
| Independent (37 CFR 1.160) | 5 | 6 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| 9 | |
| 44 | |
| 150 | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| 18 | |
| 88 | |
| 300 | |
| TOTAL | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1, write "1".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1, write "1".
 The "Highest Number Previously Paid For" is the total of independent claims.
 Handwritten Statement: This form is submitted to take 1 month to complete the fee calculation.
 Any comments on the amount of time taken are required to complete the fee calculation.
 Office, Washington, DC 20541. The fee is \$100.00 per claim.

12-304

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